

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90220 023 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000061094

1. Corporation Name
JM SYSTEMS, INC.

Principal Place of Business
**8410 NW 53RD TERRACE
112
MIAMI FL 33166
US**

Mailing Address
**8410 N.W. 53RD TERRACE
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/19/1996

4. FEI Number
65-0698131

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 **7700 NORTH KENDALL DRIVE**

Suite, Apt. #, etc.
22 **502**

City & State
23 **MIAMI, FLORIDA**

Zip Country
24 **33156** 25 **USA**

2a. Mailing Address
26 **7700 NORTH KENDALL DRIVE**

Suite, Apt. #, etc.
27 **502**

City & State
28 **MIAMI, FLORIDA**

Zip Country
29 **33156** 30 **USA**

9. Name and Address of Current Registered Agent

**SALINAS, RONALD R
8410 N.W. 53RD TERRACE
SUITE 112
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
7700 NORTH KENDALL DRIVE
83 **SUITE 502**
84 **MIAMI** 85 **FL** 86 **33156**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZGER, JUERGEN	1.2 NAME	
STREET ADDRESS	8410 N.W. 53RD TERRACE STE 112	1.3 STREET ADDRESS	7700 NORTH KENDALL DRIVE SUITE 502
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33156
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBER, BERNARD	2.2 NAME	
STREET ADDRESS	8410 N.W. 53RD TERRACE STE 112	2.3 STREET ADDRESS	7700 NORTH KENDALL DRIVE SUITE 502
CITY-ST-ZIP	MIAMI FL 33166	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33156
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALINAS, RONALD R	3.2 NAME	
STREET ADDRESS	8410 N.W. 53RD TERRACE STE 112	3.3 STREET ADDRESS	7700 NORTH KENDALL DRIVE SUITE 502
CITY-ST-ZIP	MIAMI FL 33166	3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33156
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-RONALD R. SALINAS, SECRETARY

3/9/99

305/274.2331

Date

Daytime Phone #

CR2E034 (11/98)